

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular			<u>5</u>	<u>9/12/2017</u>	<u>PAYLESS SUPERMARKETS - SINAJANA</u>
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>		RATING	<u>8:30 AM</u>	<u>11:30 AM</u>
Investigation			<u>A</u>	PERMIT HOLDER	
Other:				<u>PAYLESS MARKETS INC.</u>	
ESTABLISHMENT TYPE				LOCATION (Address)	
<u>RETAIL</u>				<u>#128 PALE KIERAN STREET</u>	
AREA				TELEPHONE	No. of Risk Factor/Intervention Violations
<u>8</u>				<u>477-7153</u>	<u>0</u>
				No. of Repeat Risk Factor/Intervention Violations	RISK CATEGORY
					<u>2</u>

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Person in charge present, demonstrates knowledge, and performance duties			6
<b>Employee Health</b>						
2	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Management awareness; policy present			6
3	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O No discharge from eyes, nose, and mouth			6
<b>Preventing Contamination by Hands</b>						
6	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Hands clean and properly washed			6
7	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Adequate handwashing facilities supplied & accessible			6
<b>Approved Source</b>						
9	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Food obtained from approved source			6
10	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Food received at proper temperature			6
11	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Food in good condition, safe, and unadulterated			6
12	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Required records available: shellstock tags, parasite destruction			6
<b>Protection from Contamination</b>						
13	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Food separated and protected			6
14	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Food contact surfaces: cleaned & sanitized			6
15	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Proper cooking time and temperatures			6
17	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Proper reheating procedures for hot holding			6
18	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Proper cooling time and temperature			6
19	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Proper hot holding temperatures			6
20	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Proper cold holding temperatures	<input checked="" type="checkbox"/>		6
21	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A N/O Proper date marking and disposition			6
<b>Consumer Advisory</b>						
22	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Consumer Advisory provided for raw or undercooked foods			6
<b>Highly Susceptible Populations</b>						
23	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Pasteurized Foods used; prohibited foods not offered			6
<b>Chemical</b>						
24	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Food additives: approved and properly used			6
25	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toxic substances properly identified, stored, used			6
<b>Conformance with Approved Procedures</b>						
26	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	N/A Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Pasteurized eggs used where required			1
28	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Water and ice from approved source			2
29	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Proper cooling methods used; adequate equipment for temperature control			1
31	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plant food properly cooked for hot holding			1
32	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Approved thawing methods used			1
33	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Thermometer provided and accurate			1
<b>Food Identification</b>						
34	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Insects, rodents, and animals not present			2
36	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Contamination prevented during food preparation, storage & display			1
37	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Personal cleanliness			1
38	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Wiping cloths: properly used and stored			1
39	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	In-use utensils: properly stored			1
41	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Utensils, equipment and linens: properly stored, dried, handled			1
42	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Single-use/single-service articles: properly stored, used			1
43	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Warewashing facilities: installed, maintained, used; test strips			1
46	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Hot & cold water available, adequate pressure			2
48	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Plumbing installed: proper backflow devices			2
49	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Sewage and wastewater properly disposed			2
50	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Toilet facilities: properly constructed, supplied, & cleaned			2
51	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Physical facilities installed, maintained, and clean			1
53	<input checked="" type="radio"/> IN	<input type="radio"/> OUT	Adequate ventilation and lighting; designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) <u>LILY MANTE</u>	Date: <u>9/12/17</u>	
DEH Inspector (Print and Sign) <u>James Cruz</u>	Follow-up (Circle one): <u>YES</u> NO	Follow-up Date <u>11/12/17</u>



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ESTABLISHMENT NAME PAYLESS SUPERMARKETS - SINAJANA		LOCATION (Address) #126 PALE KIERAN STREET
INSPECTION DATE 9/12/2017	SANITARY PERMIT NO. 170001904	PERMIT HOLDER PAYLESS MARKETS INC.

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
BACON / SIDE CHILLER	41.0		
RAW CHICKEN / REAR CHILLER	43.5		
RAW PORK / " "	41.5		
RAW SALMON / " "	42.5		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED BASED ON COMPLAINTS #17-002A & #17-014A REGARDING A FOUL ODOR FROM WHOLE CHICKEN & SALMON BEING RE-LABELED AT THE ESTABLISHMENT.	
	PREVIOUS INSPECTION CONDUCTED ON 11/12/13 (10,A)	
	THE FOLLOWING WAS OBSERVED:	
	NO EVIDENCE OF FOUL ODOR FROM WHOLE CHICKEN OR RE-LABELED SALMON AT TIME OF INSPECTION.	
#20	RAW CHICKEN & RAW SALMON COLD HELD ABOVE 41°F.	
	ALL PERITLS FOODS SHALL BE COLD HELD AT 41°F OR BELOW TO PREVENT BACTERIAL GROWTH.	
	COS: TEMPERATURE OF CHILLER WAS REDUCED.	
#32	CHICKEN BEING THAWED IN A SINK WITHOUT RUNNING WATER.	
	PROPER THAWING METHODS SHALL BE USED TO PREVENT BACTERIAL GROWTH.	
#41	CLEAN UTENSILS BEING STORED IN A CABINET WITH PERSONAL BELONGINGS.	
	CLEAN UTENSILS SHALL BE STORED PROPERLY TO PREVENT CROSS-CONTAMINATION.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) LILY MANTE	Date:
DEH Inspector (Print and Sign) James Cruz	Date: 9/12/17

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